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TO RUEHC/SECSTATE WASHDC 6692
RUCNASE/ASEAN MEMBER COLLECTIVE
RUEHZN/ENVIRONMENT SCIENCE COLLECTIVE
RUEHBJ/AMEMBASSY BEIJING 1546
RUEHBY/AMEMBASSY CANBERRA 0605
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RUEKJCS/SECDEF WASHDC
RUEHBS/USEU BRUSSELS
RUEKJCS/JOINT STAFF WASHDC

UNCLAS SECTION 01 OF 04 RANGOON 001027

SIPDIS

SENSITIVE
SIPDIS

DEPT FOR EAP/EX; EAP/MLS; EAP/EP; EAP/PD
DEPT FOR OES/STC/MGOLDBERG AND PBATES; OES/PCI/ASTEWART;
OES/IHA/DSINGER AND NCOMELLA
DEPT FOR CA/OCS/ACS/EAP
DEPT PASS TO USAID/ANE/CLEMENTS AND GH/CARROLL
CDC ATLANTA FOR COGH SDOWELL and NCID/IB AMOEN
HHS/OGHA/WSTEIGER AND MSTLOUIS
USDA FOR OSEC AND APHIS
USDA FOR FAS/DLP/HWETZEL AND FAS/ICD/LAIDIG
USDA/FAS FOR FAA/YOUNG, MOLSTAD, ICD/PETTRIE, ROSENBLUM
DOD FOR OSD/ISA/AP FOR LEW STERN
PARIS FOR FAS/AG MINISTER COUNSELOR/OIE
ROME FOR FAO
BANGKOK FOR REO OFFICE
PACOM FOR FPA

E.O. 12958:N/A

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SUBJECT: THE SECOND DEADLIEST DISEASE IN BURMA

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¶1. (SBU) Summary. Tuberculosis is one of the deadliest diseases in Burma, second only to malaria. According to the World Health Organization (WHO), approximately 40 percent of Burma's population is infected with TB, although some NGOs argue that up to 60 percent of the population could be infected. In 2006, health officials diagnosed more than 107,000 new TB cases, up from 95,000 in 2005. More than 10,000 people died from TB last year. The Ministry of Health estimates that 4.4 percent of new cases and 15 percent of previously treated patients are multi-drug resistant (MDR-TB), which is more difficult and costly to treat. The WHO warns that extensively drug resistant TB (XDR-TB) may also exist in Burma, although statistics are not available. The GOB allots less than \$200,000 annually for its National Tuberculosis Control Program (NTP), and instead relies heavily on assistance from international

The Second Deadliest Disease

¶2. (SBU) Tuberculosis is one of the most deadly and contagious diseases in Burma. According to Dr. Hans Kluge, Tuberculosis Medical Officer at the World Health Organization (WHO), the WHO classifies Burma as one of 22 countries throughout the world with the highest burden of TB cases. The WHO estimates that more than 40 percent of Burma's population is infected with TB, although some NGOs contend that up to 60 percent of the population could be infected. Kluge noted that while 80 percent of all TB cases in Burma are found in people between the ages of 15 and 54, one out of every six children has TB. The mortality rate for TB infected patients in 2006 was 21 deaths per 100,000 people, or more than 10,500 deaths - a rate that the WHO believes will increase in future years.

¶3. (SBU) The Ministry of Health (MOH) reports that health officials diagnosed 107,991 new cases of TB in 2006, up from 95,000 in 2005. The MOH attributes the higher rate of detection to improved capacity of health practitioners at the local level. While Dr. Kluge acknowledged that the MOH's National Tuberculosis Control Program (NTP), which receives the majority of its funds from the WHO and other donors, has improved the detection of TB, he indicated that the rate of infection is increasing annually. Kluge also highlighted that of the new cases found in 2006, more than 33,000 tested positive for infectious pulmonary TB, the most contagious form of the disease.

High Rate of MDR-TB and HIV co-infection

¶4. (SBU) In addition to the high TB contraction rates, Dr. Kluge

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emphasized that the rate of multiple drug resistant (MDR-TB) cases is also increasing. According to a Drug Resistance Survey conducted in 2003, the WHO found that 4.4 percent of new patients and 15.5 percent of previously treated patients were multi-drug resistant. Dr. Kluge, noting that Thailand's MDR-TB rate in new patients hovered around one percent, emphasized that Burma's multi-drug resistant TB rates were more than double those of neighboring countries. Due to Burma's porous borders, it is only a matter of time before neighboring countries also experience increases. MDR-TB is a real problem for the Ministry of Health, he explained. Because a patient is resistant to two or more of the primary drugs used to treat TB, MDR-TB is more difficult and expensive to treat and has a higher mortality rate.

¶5. (SBU) Approximately seven percent of TB patients in Burma are also infected with HIV, Dr. Hans noted. Additionally, the WHO estimates that between 60 and 80 percent of HIV positive patients contract TB during the course of treatment. According to the WHO, at 2.8 deaths per 100,000 people, Burma has the highest mortality rate in Southeast Asia of TB patients co-infected with HIV.

High Risk of XDR-TB

¶6. (SBU) Dr. Kluge indicated that extensively drug resistant TB (XDR-TB) exists in Burma, although the WHO does not have exact statistics. If a person has MDR-TB, they can develop XDR-TB, which is resistant to first and second line TB drugs, if drug treatment is misused or mismanaged, Kluge explained. Because the MOH does not yet have a plan to deal with MDR-TB, Burma has a greater risk of XDR-TB cases. In June, French NGO Medecins Sans Frontieres (MSF) confirmed two cases of XDR-TB among Burmese living along the Thai border. Dr. Kluge emphasized the need for more research on XDR-TB, particularly as more people flee Burma.

GOB's Limited TB Budget

¶7. (SBU) According to Burma's 2001-2006 National Health Plan, the Ministry of Health considers TB to be the second priority disease. Under the National Tuberculosis Control Program (NTP), the Ministry

employs 1,028 health workers for TB treatment and prevention, operates TB centers in the capitals of all states and divisions except Chin State, and has 47 TB teams covering all 64 districts and 54 TB teams covering 260 of the 324 townships throughout the country. The Burmese Government allocates approximately \$200,000 annually for the control and prevention of TB in Burma. In FY2006, the GOB allocated 175 million kyats (\$135,000) for the NTP, most of which was used for salaries and administrative costs, and 55 million kyats (\$43,000) for the procurement of TB medicines. Total expenditures on TB accounted for 0.8 percent of the GOB's total

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expenditures on health.

GOB Funding for Tuberculosis, 2000-2006
In Thousands of Kyats

Fiscal Year*	NTP Budget	Percent Change	Total for TB Drugs	Percent Change	Total Budget
2000	20,509	---	25,000	---	45,509
2001	62,747	205.9	30,000	20.0	92,747
2002	68,470	9.1	35,000	16.7	103,470
2003	74,943	8.6	35,000	0.0	109,349
2004	109,667	47.5	35,000	0.0	144,667
2005	129,300	17.9	35,000	0.0	164,300
2006	119,955	- 7.2	55,000	57.1	174,995

Source: Ministry of Health

*Burma's fiscal year runs from April 1-March 31.

18. (SBU) Despite increasing TB prevalence rates, funding from the GOB has not risen to address the problem, Kluge asserted. The GOB only provides 6 percent of the NTP's annual budget, and instead depends on the WHO and donors through the Three Disease Fund (3DF) for money for the care and prevention of tuberculosis. Under the 3DF, donors have pledged \$102 million over five years, with 20 percent going to TB programs. Local and international NGOs, such as Population Services International (PSI) which receives \$2.1 million in HIV/AIDS assistance from the USG, also provide effective TB services to the Burmese. (Note: We will report on NGO TB assistance septel. End Note.)

Connect the DOTS

19. (SBU) The majority of funding is used for the Directly Observed Treatment Short Course (DOTS). Under the DOTS program, which was established with WHO assistance in 1994, a community or health care worker directly observes the patient swallowing their anti-TB medications over a six month period. During the first year, the Ministry of Health established DOTS in 18 townships; it has since expanded DOTS to all 324 townships. MOH officials underline that under the DOTS program, 80 percent of TB patients receive treatment.

110. (SBU) Although the Ministry of Health touts the DOTS program as a success, the WHO is not as quick to applaud the MOH's efforts. The MOH must expand the DOTS program so that patients in rural areas

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have access to services, Dr. Kluge noted. The MOH should also work to improve the availability of human capacity, equipment, supplies, and medicines to respond to TB, he added. Currently, more than 25 percent of NTP staff positions are unfilled, due to high turnover. The Burmese Government spends too little on TB, and when grants for medicines, such as the Global Drug Facility grant, expire, the GOB will be unable to procure the necessary TB medicines. Additionally, Dr. Kluge informed us that the Ministry of Health still lacks guidelines on the treatment of MDR-TB and HIV-TB co-infection, despite establishing national committees to review the issues in early 2006. The GOB could do more to improve health conditions in

Burma, he noted, but the senior generals choose not to.

Comment

¶11. (SBU) A health crisis exists in Burma: approximately two million Burmese are infected with tuberculosis; more than 500,000 Burmese have malaria; thirty-five percent of children under the age of five are malnourished, with seven percent severely malnourished; and in 2005, there were more than 28,000 new cases of HIV/AIDS and approximately 37,000 AIDS-related deaths. The Burmese Government, however, allocates less than one percent of GDP for health expenditures, demonstrating the low priority given to the public health care system. In refusing to provide even the most basic health care services, the senior leaders continue show their disdain for the Burmese people. If it were not for the many local and international NGOs that provide the people with the medical care they desperately need, Burma's mortality rate would skyrocket, and the regional threat of a spread of MDR-TB and XDR-TB would significantly increase. Funding health programs, particularly for TB, HIV/AIDS, and malaria, is one way the international community can support the Burmese people, helping them survive the neglect of their government.

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